

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09/332803</i>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	↓					
2	/						52	Cancel #52					
3		/					53	/					
4							54	Cancel #54					
5							55						
6							56						
7							57						
8							58	↓					
9							59	/					
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17		/					67						
18	Cancel						68						
19							69						
20							70						
21							71						
22	Cancel						72						
23	/						73						
24	/						74						
25	/						75						
26		/					76						
27		/					77						
28		/					78	/					
29	/						79						
30		/					80						
31		/					81						
32		/					82						
33	Cancel						83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50	✓						100						
TOTAL IND.	6						TOTAL IND.	0					
TOTAL DEP.	21						TOTAL DEP.	21					
TOTAL CLAIMS	27						TOTAL CLAIMS	21					

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